

Ryan White Planning Body
Serving Anson, Cabarrus, Gaston, Mecklenburg, Union, and York Counties

Meeting Minutes

Wednesday, October 17, 2018; 11:30 am – 12:30 pm
Hal Marshall Building, Auditorium / 700 N. Tryon St., Charlotte

Meeting goal

To build capacity of Planning Body members to complete responsibilities related to:

1. Directives to the Recipient
2. Service Standards

Attendance

Members: Annette Huffstead, Bernard Davis, Brian Ballard, Carolyn Simmons, Christina Adeleke, Christopher Jones, Dana Reid, Damion Bethea, Dinikia Savage, James Settles, Joanna Martinez, Livan Perez, Michael Bivens, Rick Shelton, Shannon Frady, Sue Goodman, Susan Reif, Windee Sanderson

By skype: Bob Winstead, Vivian Perlman

Other: Jeff Hindmarsh, Joyce Dunlap, Kayla Earley, Lane Brafford, Tammeka Evans

Meeting minutes

Welcome

Kayla Earley welcomed the group and briefly walked through the agenda.

Review of meeting minutes

Christopher Jones asked the group to read over meeting minutes from the Priority Setting and Resource Allocation (PSRA) meeting on 8/30/2018. After several minutes of review, Jones asked the group if they had corrections. No corrections were given. All voting members reflected as approved.

Needs Assessment Workgroup report

Shannon Frady reported on the Needs Assessment Workgroup's progress, including a summary of the group's most recent meeting on 9/19/2018. Frady reported that the group identified weaknesses and strengths of the 2018 Needs Assessment, including:

Weaknesses

1. Not enough responses, less than 1%
2. Not enough diversity in demographics
3. Some questions were irrelevant
4. Not enough people out of care to identify barriers
5. Too long
7. Services not defined, so respondents may not have understood the questions
9. No inclusion of MAI data
10. Lack of responsiveness to Planning Body

Strengths

1. Asked about each service
2. Incentives
3. Planning Body and community members had opportunity to make suggestions
4. Great effort to include homeless responses

Frady reported that the group is beginning to identify specific priority populations to address in future needs assessments, including people over age 50, transgender people, and populations that would benefit from Minority AIDS Initiative (MAI).

Frady shared that the group began brainstorming Directives and plans to continue drafting Directives in their next meeting: Wednesday, November 14, 2019; 1:00pm in Hal Marshall Building's Blue Ridge Room (basement floor, 700 N. Tryon St. Charlotte). Frady invited members to this meeting. Earley reiterated the need for interested parties to attend the workgroup meeting.

Overview of Directives

Earley introduced the meeting goal (see above) and asked someone to define Directives. Earley shared slides adapted from TargetHIV's Model Orientation Presentation, reflecting that Directives address big picture items that are not specific to providers, including use or non-use of a particular service model, geographic access to services, language issues, and special priority populations. Examples of directives provided include:

1. Funded primary care services must be available in each county.
2. Providers must have bilingual staff in positions with direct client contact, including clinical staff.
3. At least one mental health provider must offer services appropriate for women with young children and pregnant women.

Joyce Dunlap expressed a concern that none of the directives address people living with HIV over age 50. Earley replied that these directives are merely examples, and that the group will develop directives appropriate to the needs of the TGA. Earley reported that in the last meeting of the Executive Team, members felt that the Planning Body does not yet have enough data and experience to write directives and would like to take more time to draft. Earley again asked interested parties to attend the Needs Assessment Workgroup meeting in November to workshop directives.

Activity

The group randomly divided into three groups to complete an activity from TargetHIV: [Activities for Interpreting and Using Data Training; Activity A: How are we Doing? Assessing Data Availability and Use for PSRA](#). Each group focused on a different Planning Body responsibility: Resource Allocation, Priority Setting, and Directives. Each group listed the kinds of information needed to complete the responsibility, identified which kinds were already provided or still needed, and rated their comfortability using the information on a scale of 1 (not at all comfortable) to 5 (very comfortable).

Lane Brafford presented the Resource Allocation group's work. This group noted a 2.25 comfortability rating using the following information / information gaps:

1. Resource list (already provided)
2. Resource gaps, including gaps for PLWH age 50 or older
3. Medical resources
4. Insurance and insurance gaps/changes
5. Mental health services
6. Transportation funding/access
7. Specialty care
8. Dental

Susan Reif presented the Priority Setting group's work. This group noted a 2.5 comfortability rating using the following information / information gaps:

1. Needs Assessment findings (already provided, but inadequate results)
2. Previous year budget allocations (already provided)
3. Outcomes from previous years by types of services, location, met goals, connection to care; this information may be gathered from CAREWare
4. Definitions for each service (already provided, but more in-depth discussion needed prior to PSRA process)
5. Information about other services that impact decisions, such as HOPWA (somewhat provided)

Christina Adeleke presented the Directives group's work. This group noted a 2 rating on a comfortability scale using the following information / information gaps:

1. Services provided in different counties (transportation)
2. Demographic information (people over age 50, familial status)
3. Services not provided in different counties (gaps)
4. Benefits already provided (Medicaid, Medicare)
5. Barriers to care/resources
6. Quality assurance / assessment data (Brian Ballard, Co-Chair of the Ryan White Quality Management team to look for this data)

Earley and the Executive Team to review this information when preparing future meetings, trainings, and data presentations.

Introduction to Service Standards

Earley asked Brian Ballard and Michael Bivens to define Service Standards, recognizing their previous experience working with Service Standards in Quality Management. Ballard defined the purpose, use, and benefit of Service Standards.

Earley recognized that several people in the room had revised the current standards in April 2018 with Quality Management and thanked them for dedicating their time to lay a foundation from which the Planning Body can build. Earley reported that the Planning Body must revise the current standards in the first quarter of the 2019 calendar year for several reasons, including: (1) To align with HRSA's guidance, (2) To have an opportunity to affect Fiscal Year 2019-2020 contracts.

Earley asked Ballard to read the Table of Contents of the current standards. The group noted that some categories represented are no longer funded by the TGA (non-medical case management), and that some categories were missing (Emergency Financial Assistance, Early Intervention Services, Oral Health Services). Earley stressed the importance of adding to this document to include standards for each funded category.

Earley also provided information regarding [TargetHIV's Service Standards Guidance](#), released August 2018. Jones asked for a copy of this guidance; Earley to email the document by the end of the week. This guidance outlines what topics should be included under each category.

Earley stressed the importance of updating standards as a method of fulfilling a responsibility to support providers. Earley noted that the Planning Body has discussed the need for new service providers in outlying counties, and that new and existing providers require clearly written, specific standards so they know what to expect.

Earley also stressed that Service Standards have an impact on consumers, as standards should raise the bar for services provided and should ensure consistent, high quality care across all providers.

Next meeting

Earley reminded the group that the next meeting is Wednesday, January 16, 2019. Livan Perez asked for the meeting time. Earley reported that typically meetings are from 11:30am-12:30pm, and that past meeting evaluations reflected a desire for more time to avoid rushing and allow for more participation. The group discussed extended meeting times and agreed to meet from 11:30am-1:30pm on 1/16/19. The meeting will be held in Hal Marshall Building's Auditorium (700 N. Tryon St. Charlotte).

Other business

Christina Adeleke promoted NC AIDS Action Network's upcoming conference, Building Power Across the Spectrum, to be held on Saturday, November 17, 2018. Dana Reid asked if transportation would be made available from the Charlotte area; Adeleke to follow up after speaking to NCAAN's director.

